

STATE OF HAWAII — DEPARTMENT OF TAXATION
Individual Income Tax Return
RESIDENT FILING FEDERAL RETURN

2003

DO NOT WRITE OR STAPLE IN THIS SPACE



Calendar Year 2003

**USE THIS FORM ONLY IF YOU ARE FILING A
FEDERAL TAX RETURN FOR 2003.**☐ Check box if filing for the first time or if address has changed

AMD UNP 008 PNT INT

USE STATE LABEL OTHERWISE PRINT OR TYPE	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Present mailing or home address (Number and street, including apartment number or rural route)		Your occupation
	City, town or post office, State and ZIP code. If you have a foreign address, see Instructions.		Spouse's occupation

FILING STATUS (Check only ONE box)	1 <input type="checkbox"/> Single
	2 <input type="checkbox"/> Married filing joint return (even if only one had income).
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. •
	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ➤
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died •).

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), **DO NOT** check box 6a, but be sure to check the box above line 20.

6a <input type="checkbox"/> Yourself.....	<input type="checkbox"/> Age 65 or over.....	} Enter the number of boxes checked on 6a and 6b	
6b <input type="checkbox"/> Spouse.....	<input type="checkbox"/> Age 65 or over.....		
If you checked box 3 and 6b above, see the Instructions on page 9 and if your spouse meets the qualifications, check here <input type="checkbox"/>			
6c Enter the number of your dependent children listed on federal return.....		6c	
6d Enter the number of other dependents listed on federal return		6d	
6e Total number of exemptions claimed. Add numbers entered in boxes above.....		6e	

COMPUTATION OF HAWAII ADJUSTED GROSS INCOME	7 Federal adjusted gross income (AGI) from Form 1040, 1040A, or 1040EZ.....	7•		00	
	8 Difference in state/federal wages due to COLA, ERS, etc. (see page 10 of the Instructions)	8		00	
	9 Interest on out-of-state bonds (including municipal bonds).....	9		00	
	10 Other Hawaii additions to federal AGI (see page 11 of the Instructions)	10		00	
	11 Add lines 8 through 10..... Total Hawaii additions to federal AGI	11•		00	
	12 Add lines 7 and 11.....	12		00	
	13 Pensions taxed federally but not taxed by Hawaii.....	13		00	
	14 Social security benefits taxed on federal return	14		00	
	15 First \$1,750 of military reserve or Hawaii national guard duty pay	15•		00	
	16 Payments to an individual housing account	16•		00	
17 Other Hawaii subtractions from federal AGI (see page 13 of the Instructions)	17		00		
18 Add lines 13 through 17	18•		00		
19 Line 12 minus line 18.....					
Hawaii AGI ➤			19•		00

ROUND TO THE NEAREST DOLLAR

CAUTION: If you can be claimed as a dependent on another person's return, check here ☐ • and see the Instructions on page 15.

DEDUCTIONS AND COMPUTATION OF TAXABLE INCOME	20 If you do not itemize your deductions, go to line 21 below. Otherwise go to page 15 of the Instructions and enter your itemized deductions here.			
	20a Medical and dental expenses (from Worksheet A-1)	20a•		00
	20b Taxes (from Worksheet A-2)	20b•		00
	20c Interest expense (from Worksheet A-3)	20c•		00
	20d Contributions (from Worksheet A-4).....	20d•		00
	20e Casualty and theft losses (from Worksheet A-5).....	20e•		00
	20f Miscellaneous deductions (from Worksheet A-6).....	20f•		00
	21 Enter the larger of: Itemized Deductions — If line 19 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 28 of the Instructions. If not, add lines 20a through 20f. OR Standard Deduction shown below for your filing status. Single — \$1,500 Head of household — \$1,650 Married filing jointly or Qualifying widow(er) — \$1,900 Married filing separately — \$950	21•		00
	22 Line 19 minus line 21. (This line MUST be filled in)	22•		00
	23 Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse, and see page 20 of the Instructions.	23•		00
	24 Taxable Income. Line 22 minus line 23 (but not less than zero)	24•		00

• ATTACH COPY 2 OF FORM W-2 HERE •

• ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE •

TAX COMPUTATION	25	Amount from line 24 (Taxable Income)	25		00
	26	Tax. Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule; <input type="checkbox"/> Form N-168; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 28 of the Instructions. Net capital gain from line 14 of Capital Gains Tax Worksheet • (• <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-318, N-405, N-586, or N-814) Tax ➤	26•		00
TAX PAYMENTS AND CREDITS	27	Total nonrefundable tax credits (attach Schedule CR)	27		00
	28	Line 26 minus line 27 (but not less than zero) Balance ➤	28		00
	29	Hawaii State Income tax withheld and tax withheld on IHA distribution 29•			00
	30	2003 estimated tax payments 30•			00
	31	Amount of estimated tax applied from 2002 return 31•			00
	32	Amount paid with extension(s) 32•			00
	33	Low-Income Refundable Tax Credit (attach Schedule X) DHS, etc. exemptions • 33•			00
	34	Credit for Low-Income Household Renters (attach Schedule X) 34•			00
	35	Credit for Child and Dependent Care Expenses (attach Schedule X) 35•			00
	36	Credit for Child Passenger Restraint System(s) (attach a copy of the invoice) 36•			00
37	Total refundable tax credits from Schedule CR (attach Schedule CR) 37			00	
38	Add lines 29 through 37 Total Payments and Credits ➤	38•		00	
REFUND OR AMOUNT YOU OWE	39	If line 38 is larger than line 28, enter the amount OVERPAID (line 38 minus line 28)	39•		00
	40	Amount of line 39 to be applied to your 2004 ESTIMATED TAX 40•			00
	41	Line 39 minus line 40	41•		00
	42	Contribution to Hawaii School-Level Minor Repairs and Maintenance Special Fund. (See Instructions) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse (Enter \$2 if one box is checked, or \$4 if both boxes are checked)	42		00
	43a	Amount to be REFUNDED TO YOU (line 41 minus line 42). If filing late, see page 25 of Instructions	43a		00
	44	AMOUNT YOU OWE (line 28 minus line 38). Send Form N-200V with your payment	44•		00
45	Estimated tax penalty. (See page 26 of Instructions.) Do not include on line 39 or 44. Check box if Form N-210 is attached ➤ <input type="checkbox"/>	45•		00	
46	If you don't need Hawaii income tax forms mailed to you next year, check here to receive a preprinted label only. <input type="checkbox"/>				
DESIGNEE	47	Did you file a federal Schedule C? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross receipts _____, your Hawaii General Excise/Use Tax I.D. Number for this activity _____, and main business activity/product: _____ / _____			
	48	Did you file a federal Schedule E? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross rents received _____ and your Hawaii General Excise/Use Tax I.D. Number for this activity _____			
	49	Did you file a federal Schedule F? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross receipts _____, your Hawaii General Excise/Use Tax I.D. Number for this activity _____, and main business activity/product: _____ / _____			
50	Are you a qualified high technology business that sold your NOL? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the proceeds from the sale • \$ _____				

**HAWAII ELECTION
CAMPAIGN FUND**

Do you want \$2 to go to the Hawaii Election Campaign Fund?

Yes

No

If joint return, does your spouse want \$2 to go to the fund?

Yes

No

Note: Checking "Yes" will not increase your tax or reduce your refund.

If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 42 of the Instructions.

Designee's name ➤

Phone no. ➤

Identification number ➤

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

PLEASE SIGN HERE	➤ _____ Your signature Date		➤ _____ Spouse's signature (if filing jointly, BOTH must sign) Date		
	Paid Preparer's Information	Preparer's Signature ➤	Date	Check if self-employed ➤ <input type="checkbox"/>	Preparer's identification number
		Print Preparer's Name ➤			Federal E.I. No. ➤
		Firm's name (or yours if self-employed), Address, and ZIP Code ➤			Phone No. ➤